

REPUBLIC SCHOOL DISTRICT #309
Informed Consent Form – District Curricular/Co-curricular/Interscholastic Activities
FIELD TRIP PERMISSION FORM

Student Name _____

General Information

Date 2023-2024 School Year

The ROAR is planning a trip to anywhere outside

The purpose of this trip is to learn science, social studies, team building, collaboration, and leadership

Trip Destination Outdoor Adventure Phone No. 509-775-3327

Address _____ Place of Lodging _____

We will leave from Republic Elementary School About 8:15-9:00 (X) AM () PM

On 2023-2024 School Year. We will return to the school on the same day

at about 2:00-2:30 () AM (X) PM () Itinerary is attached. () List of items needed is attached.

Attending: Number of Students (20-30) Minimum Number of Adults (5)

Type of Transportation

() District Vehicle () Commercial Transportation (X) District Bus

() Other (explain) _____

Medical Information

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

The following medications, prescriptions or special diets are needed: _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Name of Preferred Doctor _____ Phone No. _____

(I understand that the school district does not purchase or have medical/dental/hospitalization insurance to cover injuries to or losses of life of pupils, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent or guardian.)

Name of Insurance Carrier _____ Policy No. _____

Although I understand that the school district will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. With this knowledge I expressly release and hold harmless the school district, its employees, agents, or volunteers from any liability associated with this field trip and realize this activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning.

Being fully aware of the risks, I hereby give consent for (student) _____ to participate in the activity.

Home Phone No. _____

Parent Name _____ Work Phone No. _____

Home Address _____ Emergency No. _____

Signature of Parent/Guardian _____ Date _____

Please return this form to the school before _____ and keep any attachments for your information.